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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/883,508	06/19/2001	Jeffrey A. Bedell	53470.003042	8696
21967 HUNTON & W	7590 09/30/200 /ILLIAMS LLP	EXAMINER		
INTELLECTUAL PROPERTY DEPARTMENT 1900 K STREET, N.W. SUITE 1200			ZHEN, LI B	
			ART UNIT	PAPER NUMBER
WASHINGTO	N, DC 20006-1109	2194		
			MAIL DATE	DELIVERY MODE
			09/30/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.



UNITED STATES PATENT AND TRADEMARK OFFICE

Board of Patent Appeals and Interferences

HUNTON & WILLIAMS, LLP

INTELLECTUAL PROPERTY DEPARTMENT

1900 K STREET, N.W.

SUITE 1200

WASHINGTON, DC 20006-1109

Appeal No: 2008-3433

Appellant: Jeffrey A. Bedell et al.

Application No: 09/883,508

Hearing Room: A Hearing Docket: B

Hearing Date: Tuesday, November 18, 2008

Hearing Time: 09:00 AM

Location: Madison Building - East Wing

600 Dulany Street, 9th Floor Alexandria, Virginia 22313-1450

VED

NOTICE OF HEARING CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquires, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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in an communicatio	ons relating to this appear, please	identify the appeal by its number.
CHECK ONE: () HE	ARING ATTENDANCE CONFIRMED	() HEARING ATTENDANCE WA

 Signature of Attorney/Agent/Appellant
 Date
 Registration No.

Names of other visitors expected to accompany counsel: ___

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